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transmitted to the CUSPTO (571) 273-2885, on the date indicated below. TERADYNE, INC 321 HARRISON AVE **BOSTON, MA 02118** 10/11/2005 CNGUYEN1 00000099 200515 09692169 Robert ≭Hampsch (Signature 01 FC:1501 1400.00 DA ·· (Date) CONFIRMATION NO FIRST NAMED INVENTOR ATTORNEY DOCKET NO. FILING DATE APPLICATION NO. Joseph S. Rosen 1342-US 10/19/2000 09/692 169 TITLE OF INVENTION: BINNING OF RESULTS FROM LOOP QUALIFICATION TESTS DATE DUB PUBLICATION FEE TOTAL FEE(S) DUE ISSUR FEE SMALL ENTITY APPLN, TYPE \$0 12/16/2005 \$1400 NO numprovisional CLASS-SUBCLASS EXAMINER ART UNIT 370-241000 PHAN, TRI H 2661 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attemety or agent) and the names of up to 2 registered patent attempts or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Boston, MA Teradyne, Inc. Please check the appropriate assignce estegory or estegories (will not be printed on the patent): 🔲 Individual 🙀 Corporation or other private group entity 🚨 Government 4h. Payment of Foc(s); 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. 📮 Isme Fee Payment by credit card. Form PTO-2038 is attached. D Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-05/5 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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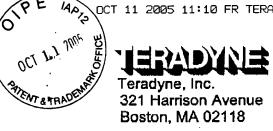
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